
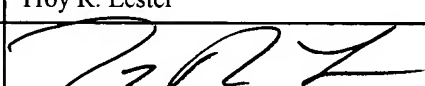
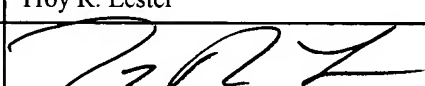
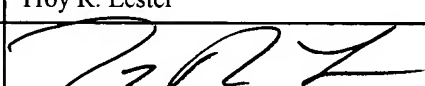


UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))</i>		Attorney Docket No.		B03-13		Total Pages: 33	
		First Named Inventor		Matthew F. Hogge			
		Title		GOLF BALL WITH VAPOR BARRIER LAYER AND METHOD OF MAKING SAME			
		Express Mail Label No.		EL112410969US			

16798 U.S. PTO
 10/611834

 07/01/03

<p style="text-align: center;">APPLICATION ELEMENTS</p> <p><i>See M.P.E.P. Chapter 600 concerning utility patent application contents.</i></p> <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>(Submit an original and a duplicate for fee processing)</i></p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages: 31] <ul style="list-style-type: none"> • Descriptive title of invention • Cross-reference to related applications • Background of the invention • Brief Summary of the Invention • Brief Description of the Drawings <i>(if filed)</i> • Detailed Description • Claims • Abstract of the Disclosure </p> <p>3. <input type="checkbox"/> Drawing(s) (35 U.S.C. § 113) [Total Sheets: 0]</p> <p>4. Oath or Declaration [Total Pages: 2] a. <input checked="" type="checkbox"/> Unexecuted b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 12 completed)</i></p>	<p>ADDRESS TO: MS Patent Application Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450</p> <p style="text-align: center;">ACCOMPANYING APPLICATION PARTS</p> <p>5. <input type="checkbox"/> Assignment papers <i>(cover sheet and document(s))</i></p> <p>6. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. § 122 (b)(2)(B)(i). Must attach Form PTO/SB/35.</p> <p>7. <input checked="" type="checkbox"/> Information Disclosure Statement/Reference List a. <input type="checkbox"/> Copies of citations</p> <p>8. <input type="checkbox"/> Preliminary Amendment</p> <p>9. <input checked="" type="checkbox"/> Return Receipt Postcard <i>(M.P.E.P. § 503)</i> <i>(should be specifically itemized)</i></p> <p>10. <input type="checkbox"/> Other:</p>																														
<p>11. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:</p> <p style="text-align: center;"> <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input checked="" type="checkbox"/> Continuation-in-part (CIP) of prior application No.: 09/973,342 </p> <p> <i>Prior application information:</i> Examiner: <u>Hunter, Alvin A</u> Group Art Unit: <u>3711</u> </p> <p>The entire disclosure of the prior application is considered a part of the disclosure of the accompanying Continuation, Divisional or Continuation-in-part application, and is hereby incorporated by reference.</p>																															
12. CORRESPONDENCE ADDRESS																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Name</td> <td colspan="5">Troy R. Lester</td> </tr> <tr> <td></td> <td colspan="5">Acushnet Company</td> </tr> <tr> <td>Address</td> <td colspan="5">PO Box 965</td> </tr> <tr> <td>City</td> <td>Fairhaven</td> <td>State</td> <td>MA</td> <td>Zip Code</td> <td>02719-0965</td> </tr> <tr> <td>Country</td> <td>U.S.</td> <td>Telephone</td> <td>(508) 979-3534</td> <td>Fax</td> <td>(508) 979-3092</td> </tr> </table>		Name	Troy R. Lester						Acushnet Company					Address	PO Box 965					City	Fairhaven	State	MA	Zip Code	02719-0965	Country	U.S.	Telephone	(508) 979-3534	Fax	(508) 979-3092
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<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number 502309 Deposit Account Name Acushnet Company The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		3. ADDITIONAL FEES Large Entity																																																																																																																													
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